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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 3058**
Horst Georg ZERBE et al. : Attorney Docket No. 2004_0189
Serial No. 10/771,388 : Group Art Unit 1612
Filed February 5, 2004 : Examiner Lezah W. Roberts

WATER SOLUBLE FILM FOR ORAL
ADMINISTRATION
WITH INSTANT WETTABILITY : **Mail Stop Amendment**

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Sir:

Attached hereto is a check in the amount of \$208.00 to cover Patent Office fees relating to filing the following attached papers:


Additional Claims Fee Transmittal Letter
four additional claims in excess of twenty \$208.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Horst Georg ZERBE et al.

By:

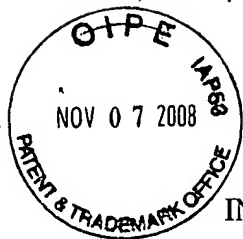

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November 7, 2008

[Check No. 88121]

2004_0189



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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
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Alexandria, VA 22313-1450

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FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

		SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for):	4 x	(\$ 26 = \$)	or	(\$52 = \$208)
Indep. Claims exceeding 3 (not already paid for):	x	(\$110 = \$)	or	(\$220 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none):	+	(\$195 = \$)	or	(\$390 = \$)
Total Additional Fee =		<u>\$</u>	or	<u>\$208.00</u>

☐ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which

☐ is enclosed or

☐ has been previously submitted.

☒ A check in the amount of \$208.00 is enclosed.

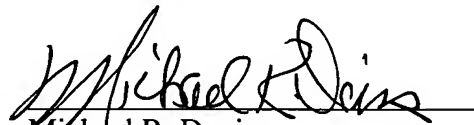
☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Horst Georg ZERBE et al.

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